

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>Mr</i>	<i>67014</i>	<i>7/24/00</i>
O.I.P.E. CLASSIFIER		<i>21</i>	<i>3/3/00</i>
FORMALITY REVIEW		<i>604177</i>	<i>4-5-00</i>
RESPONSE FORMALITY REVIEW			

### INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 (Through numeral)..... Canceled      A ..... Appeal  
 - ..... Restricted      O ..... Objected

Claim	Date
Final	
Original	
1	12/14/01
2	12/15/01
3	12/15/01
4	12/15/01
5	12/15/01
6	12/15/01
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48	12/15/01
49	12/15/01
50	12/15/01

Claim	Date
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Claim	Date
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If more than 150 claims or 10 actions  
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